

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/529667

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	15 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	
EXAM. FEE			EXAM. FEE	
SEARCH FEE			SEARCH FEE	
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>18 April 2007</u>		2 Serial/Patent # <u>10/ 529667</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ <u>65.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>65.00</u>
		8 TO BE REFUNDED BY:		
		<input checked="" type="checkbox"/>	Treasury Check	
		<input type="checkbox"/>	Credit Deposit A/C #:	
		9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <u>Francine Young</u>				
TYPED/PRINTED NAME: <u>Francine Young</u>			TITLE: <u>PAS</u>	
SIGNATURE: <u><i>Francine Young</i></u>			PHONE: _____	
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____ DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

Check Refund

Refund Status Window Help



Refunded Payment

Payment from check no.: 001561

Bank Routing Code: 113005549

Acct No.: XXXXXX676

Check Refund

Number: Hold Date: 04/24/2007

Amount: 65.00 Treas Check No:

Refund Cat: NONGOVNMNT Status: INPROCSS

Fee Cd: Name/Number: 10529667

Issue Method

☐ Electronic
☒ Paper

PCT Code

☐ WIPO
☐ EPO
☐ None

Mailing Address

Payee Name: JAMES J MULLEN

Attention: ATTORNEY AT LAW

Street: 8202 CAMPODOLCINO DRIVE

City: CORPUS CHRISTI

Province:

State: TX Country: US Postal Code: 78414



Tax Identification No:

WCLAYBRO

04/24/2007

Enclosure Text

MAILROOM DATE: 11/13/2005

NAME/NUMBER: 10529667

AMOUNT REFUNDED: 65.00

OVERPAYMENT FOR A SERVICE

FOR QUESTIONS RELATING TO REFUND, CONTACT

WENDY TRICE - 703 308-9290

04/24/2007

